



Pediatric TB Risk Assessment Questionnaire¹

The following questions are designed to determine whether a TB test is indicated for your pediatric patient.

Name of Child: _____ Child's Date of Birth: _____ Date of Screening: _____

Questions for Parent/Guardian ²	Follow-up
<p>1. <i>Were you or your child born outside of the United States?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes: Where were you and/or your child born? _____</p>	<p>If the parent or child was born in Africa, Asia, Latin America, or Eastern Europe, a TST or IGRA should be placed.</p>
<p>2. <i>Has your child traveled outside of the United States?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes: Where did your child travel? _____ How long was your child outside the United States? _____</p>	<p>If the child stayed with friends or family members in Africa, Asia, Latin America, or Eastern Europe for 1 week cumulatively, a TST or IGRA should be placed.</p>
<p>3. <i>To your knowledge, has your child been exposed to anyone with TB disease?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes: Did the person have TB disease or LTBI? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>When did the exposure occur? _____ What was the nature of the contact? _____</p>	<p>If confirmed that the child has been exposed to an individual with suspected or known TB disease, a TST or IGRA should be placed.</p>
<p>4. <i>To your knowledge, has your child had close contact with a person who has had a positive TB skin test?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes: Did the person have TB disease or LTBI? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>When did the exposure occur? _____ What was the nature of the contact? _____</p>	<p>If confirmed that the child has close contact with an individual with a positive skin test, a TST or IGRA should be placed.</p>

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Name of Child: _____ Child's Date of Birth: _____ Date of Screening: _____

1. ***Were you or your child born outside of the United States?*** Yes ☐ No ☐

If yes: Where were you and/or your child born? _____

2. ***Has your child traveled outside of the United States?*** Yes ☐ No ☐

If yes: Where did your child travel? _____

With whom did your child stay? _____

How long did your child stay there? _____

3. ***To your knowledge, has your child been exposed to anyone with TB disease?***

Yes ☐ No ☐

4. ***To your knowledge, has your child had close contact with a person who has had a positive TB skin test?*** Yes ☐ No ☐

If yes, please answer these questions:

Do you know if the person had TB disease or latent TB infection (LTBI)?

TB disease ☐ LTBI ☐ Don't Know ☐

When did your child last have contact with that person? _____

What was the nature of the contact? _____

¹ Adapted from the Children's Medical Services, Child Health and Disability Prevention Program Risk Assessment Questionnaire Distributed in March 21st, 2011 Provider Information Notice No. 11-04.

² Adolescents can be asked these questions directly.